County: Douglas
COLONIAL HEALTHCARE SERVICES-FDD
3120 NORTH 21ST STREET
SUPERIOR 54880 Phor SUPERIOR 54880 Phone: (715) 392-2922
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 26
Total Licensed Bed Capacity (12/31/00): 26
Number of Residents on 12/31/00: 24 Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? Corporati on FDD's No No Average Daily Census: 25

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%				
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	% 	Age Groups	% 	Less Than 1 Year 1 - 4 Years	0. 0 29. 2
Supp. Home Care-Household Services	No	Developmental Disabilities	100. 0	Under 65	83. 3	More Than 4 Years	70. 8
Day Servi ces	No	Mental Illness (Org./Psy)	0. 0	65 - 74	8. 3		
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	8. 3		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	0. 0	****************	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0. 0	95 & 0ver	0. 0	Full-Time Equivaler	ıt
Congregate Meals	No	Cancer	0. 0			Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	0. 0		100. 0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	0. 0	65 & 0ver	16. 7	[
Transportation	No	Cerebrovascul ar	0. 0			RNs	5. 9
Referral Service	No	Di abetes	0. 0	Sex	%	LPNs	17. 5
Other Services	No	Respi ratory	0. 0			Nursing Assistants	
Provi de Day Programming for		Other Medical Conditions	0.0	Male	58 . 3	Aides & Orderlies	36. 6
Mentally Ill	No			Female	41. 7		
Provi de Day Programming for			100. 0				
Developmentally Disabled	Yes				100. 0		
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Method of Reimbursement

	Medicare (Title 18)			Medicaid (Title 19)			0th	0ther		Pri vate Pay		N	Managed Care			Percent	
	Per Diem			n	Per Diem				Per Diem		Per Diem			Per Diem Total			Of All
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	ŏ	0. 0	\$0.00	ŏ	0. 0	\$0.00	ŏ	0. 0	\$0.00	ŏ	0. 0	\$0.00	ŏ	0. 0	\$0.00	ŏ	0. 0%
Intermedi ate				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Residential Care				0	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Dev. Di sabl ed				24 1	00.0	\$106.05	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	24	100.0%
Traumatic Brain Inj		0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	ıt O	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Total	0	0. 0		24 1	00.0		0	0.0		0	0.0		0	0.0		24	100.0%

Admissions, Discharges, and Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Deaths During Reporting Period Total % Needing Assi stance of Activities of % Totally Percent Admissions from: Number of Private Home/No Home Health 0.0 Daily Living (ADL) Independent One Or Two Staff Dependent Resi dents 37. 5 54. 2 Private Home/With Home Health 100 Baťhi ng 41.7 20.8 24 Other Nursing Homes 0.0 Dressi ng 29. 2 16. 7 24 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Transferri ng 58. 3 25.0 0.0 16. 7 24 62.5 25.0 24 0.0 Toilet Use 12. 5 0.0 Eating 54. 2 33.3 12. 5 24 Other Locations ***** 0.0 Total Number of Admissions Continence Special Treatments Receiving Respiratory Care Receiving Tracheostomy Care Receiving Suctioning Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 4. 2 4. 2 Private Home/No Home Health 50.0 Occ/Freq. Incontinent of Bladder 41.7 0.0 Private Home/With Home Health 0.0 Occ/Freq. Incontinent of Bowel 20.8 4. 2 Other Nursing Homes **25.** 0 0.0 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 0.0 Mobility 4. 2 Physically Restrained 0.0 0.0 **25.** 0 0.0 Other Locations 0.0 Skin Care Other Resident Characteristics 25. 0 0.0 Deaths With Pressure Sores Have Advance Directives 29. 2 Total Number of Discharges With Rashes Medi cati ons 0.0 Receiving Psychoactive Drugs 62. 5 (Including Deaths)

Selected Statistics: This FDD Facility Compared to Similar Facilities & Compared to All Facilities

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Facility	Fac	ilities			
%	%	Ratio	%	Ratio	
96. 2	85. 5	1. 12	84. 5	1. 14	
95. 8	42. 1	2. 27	77. 5	1. 24	
0. 0	19. 5	0. 00	21. 5	0.00	
8. 0	16. 4	0. 49	124. 3	0.06	
		0. 83	126. 1	0. 13	
		0. 87	49. 9	0. 16	
0. 0	0. 0	0. 00	83. 3	0.00	
16. 7	16. 2	1. 03	87. 7	0. 19	
100. 0	99. 5	1. 01	69. 0	1. 45	
0. 0	0. 5	0. 00	22. 6	0.00	
100. 0	99. 3	1. 01	7. 6	13. 09	
			33. 3	0.00	
			18. 4		
31. 7	50. 8	0. 62	49. 4	0.64	
4. 7					
	8. 0 16. 0 8. 0 0. 0 16. 7 100. 0 0. 0 100. 0 0. 0 31. 7 62. 5	Facility % % % % % % % % % % % % % % % % % % %	Facility % Ratio 96. 2 85. 5 1. 12 95. 8 42. 1 2. 27 0. 0 19. 5 0. 00 8. 0 16. 4 0. 49 16. 0 19. 2 0. 83 8. 0 9. 2 0. 87 0. 0 0. 0 0. 0 16. 7 16. 2 1. 03 100. 0 99. 5 1. 01 0. 0 99. 5 1. 01 0. 0 99. 3 1. 01 0. 0 99. 3 1. 01 0. 0 0. 5 0. 00 100. 0 0. 2 0. 00 31. 7 50. 8 0. 62 62. 5 45. 9 1. 36	Facility Facilities Facilities 96.2 85.5 1.12 84.5 95.8 42.1 2.27 77.5 0.0 19.5 0.00 21.5 8.0 16.4 0.49 124.3 16.0 19.2 0.83 126.1 8.0 9.2 0.87 49.9 0.0 0.0 0.00 83.3 16.7 16.2 1.03 87.7 100.0 99.5 1.01 69.0 0.0 0.5 0.00 22.6 100.0 99.3 1.01 7.6 0.0 0.5 0.00 33.3 0.0 0.5 0.00 18.4 31.7 50.8 0.62 49.4 45.9 1.36 50.1	Facility Facilities Facilities 96.2 85.5 1.12 84.5 1.14 95.8 42.1 2.27 77.5 1.24 0.0 19.5 0.00 21.5 0.00 8.0 16.4 0.49 124.3 0.06 16.0 19.2 0.83 126.1 0.13 8.0 9.2 0.87 49.9 0.16 0.0 0.0 0.00 83.3 0.00 16.7 16.2 1.03 87.7 0.19 100.0 99.5 1.01 69.0 1.45 0.0 0.5 0.00 22.6 0.00 100.0 99.3 1.01 7.6 13.09 0.0 0.5 0.00 33.3 0.00 0.0 0.5 0.00 33.3 0.00 0.0 0.5 0.00 33.3 0.00 0.0 0.5 0.00 33.3 0.00 <td< td=""></td<>